2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 363579

1. Entity Name
JOHN M. TOPPA & SONS, INC.

Principal Place of Business	Mailing Address
460 ARUBA COURT SATELLITE BEACH, FL 32937	460 ARUBA COURT SATELLITE BEACH, FL 32937

DO NOT WRITE IN THIS SPACE

04212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1290528

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOPPA, MICHAEL J.
460 ARUBA COURT
SATELLITE BEACH, FL 32937

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000933427
05/22/08-80095-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	TOPPA, MICHAEL J
STREET ADDRESS	460 ARUBA CT
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	VSD
NAME	TOPPA,MICHAEL J
STREET ADDRESS	460 ARUBA COURT
CITY-ST-ZIP	SATELLITE BEACH, FL
TITLE	V
NAME	TOPPA JR,JOHN M
STREET ADDRESS	460 ARUBA COURT
CITY-ST-ZIP	SATELLITE BEACH, FL
TITLE	T
NAME	TOPPA, MICHAEL J
STREET ADDRESS	460 ARUBA COURT
CITY-ST-ZIP	SATELLITE BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

321-254-9292

SIGNATURE: _____ Michael J. Toppa President 4-25-08 321-543-3540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #